

**TOWN OF
SOUTHERN SHORES**
5375 N Virginia Dare Trl
Southern Shores, NC
27949
(252) 261-2394 tel
(252) 255-0876 fax
www.southernshores-nc.gov



SUB-CONTRACTOR SIGN OFF AND/OR PERMIT

Date _____

PROJECT ADDRESS _____

Owner _____

Mailing Address _____

City, State, Zip _____

Phone _____

Permit Number _____

Fee \$ _____

EXISTING Building Permit Number _____ **NO FEE (if work is associated with a Building Permit)** _____

ELECTRICAL = Licensee Name _____ **NC License/Classification** _____

Company Name _____

Address _____ Phone _____

City State & zip _____ Estimated Project Cost _____

Description of Work: _____

PLUMBING = Licensee Name _____ **NC License/Classification** _____

Company Name _____

Address _____ Phone _____

City State & zip _____ Estimated Project Cost _____

Description of Work: _____

GAS = Licensee Name _____ **NC License/Classification** _____

Company Name _____

Address _____ Phone _____

City State & zip _____ Estimated Project Cost _____

Description of Work: _____

MECHANICAL = Licensee Name _____ **NC License/Classification** _____

Company Name _____

Address _____ Phone _____

City State & zip _____ Estimated Project Cost _____

Description of Work: _____

I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other local laws and ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specification for the project permitted herein.

Signature of Licensee

Date

Signature of Permit Official

Date